

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1957

33090
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN Saint Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 101 Tompkins		d. STREET ADDRESS (If outside, give location) 1101 Tompkins	
3. NAME OF DECEASED (Type or print) First Middle Last Stanley V. Pfost		4. DATE OF DEATH Month Day Year Sept. 5, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1898 Aug. 27, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		11. BIRTHPLACE (City and state or country) Boise, Idaho	
10b. KIND OF BUSINESS OR INDUSTRY Drug Store		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Bonita Wagemann		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 274-10-2277		17. INFORMANT Address Mrs. Bonita Pfost, St. Charles, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerosis, Heart Disease DUE TO (c) Arteriosclerosis - Hypertension 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis - Hypertension 4200			INTERVAL BETWEEN ONSET AND DEATH 5 months 6 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Arteriosclerosis - Hypertension 4200	
20c. TIME OF INJURY Hour Month, Day, Year 9-27-57		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 1951 to Sept. 1957 and last saw her alive on Sept. 5, 1957 Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Don L. Randall, M.D.		22b. ADDRESS 207 N. 5th St. Charles, Mo.	
22c. DATE SIGNED Sept. 6, 1957		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sept. 7, 1957		23c. NAME OF CEMETERY OR CREMATORY Saint John's Cemetery	
23d. LOCATION (City, town, or county) Saint Charles, Mo.		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS B.C. Dallmeyer & Son, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. SEPT-7-57	
26. REGISTRAR'S SIGNATURE Hazel Lawler		27. (Licensed Embalmer's Statement on Reverse Side)	

MEDICAL CERTIFICATE by aff. 9-27-57

SEP 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Frederic R. Amalony

Licensed Embalmer No. 4832

P. O. Address St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting..

If this body is not embalmed, fact should be so stated above.